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## BIB DATA SHEET

CONFIRMATION NO. 1555

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/653,027	08/28/2003 <b>RULE</b>	606	3773	CSI-2008C2
<b>APPLICANTS</b> Laurent Schaller, Los Altos, CA; Barry Gardiner, Orinda, CA; Art Hill, Sausalito, CA; John Nguyen, San Jose, CA; Liem Ho, Mountain View, CA; Isidro Matias Gandionco, Fremont, CA;				
<b>** CONTINUING DATA *****</b> This application is a CON of 09/260,623 03/01/1999 PAT 6,613,059				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 11/21/2003				
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/JULIAN W WOO/</u> <small>Examiner's Signature</small>	<input type="checkbox"/> Met after Allowance <small>Initials</small>	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWINGS</b> 20	<b>TOTAL CLAIMS</b> 35
<b>INDEPENDENT CLAIMS</b> 1				
<b>ADDRESS</b> Jeffrey J. Hohenshell 710 Medtronic Parkway Minneapolis, MN 55432 UNITED STATES				
<b>TITLE</b> Tissue connector apparatus and methods				
<b>FILING FEE RECEIVED</b> 1785	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	